

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt.

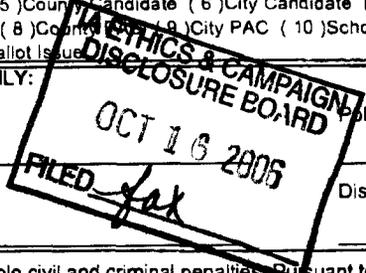
IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other
 Political Subdivision Candidate (8)County Candidate (9)City PAC (10)School Board or Other Political
 Subdivision PAC (11)Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____



FORM DR-2 (Rev. 12/2005) **DISCLOSURE REPORT**

For Office Use Only

Comm. # 6033

Logged In S

Scanned _____

Computer _____

Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Paul B. Kelley 515-345-2950 10-16-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ 8,774.14

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 1,344.03

Schedule F: Loans Received total (Attach Schedule F)..... 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 10,118.17

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 1,075.00

Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ 9,043.17

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov
--

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/14, 7/28 8/11, 8/25 9/8, 9/22/06	ID# CK#	Ron Herman 1209 Bentwood Ct Altoona IA 6 x \$2.50 =		\$15.00	<input type="checkbox"/>
"	ID# CK#	Greg Christianson 7819 Hwy 5 52N Baxter, IA 50028 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Jerry Richards 1301 Merle Hay Rd Des Moines, IA 6 x \$5.00 =		30.00	<input type="checkbox"/>
"	ID# CK#	Heather Boustead 7618 Madison Ave Des Moines, IA 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Jim Dawson 9017 Ridgeview Dr Johnston, IA 50131 6 x \$3.00 =		18.00	<input type="checkbox"/>
"	ID# CK#	Martin Reed 737 E Walnut, #29 Elkhart, IA 50073 6 x \$5.00 =		30.00	<input type="checkbox"/>
"	ID# CK#	Joel Oswald 4565 Parkview Dr Pleasant Hill, IA 50327 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Mike Hanback 4212 Adams Des Moines, IA 50310 6 x \$3.75 =		22.50	<input type="checkbox"/>
"	ID# CK#	Bob Morlan 3404 Wakonda Ct Des Moines, IA 50321 6 x \$10.00		60.00	<input type="checkbox"/>
"	ID# CK#	Deana Clark 202 S Main Monroe, IA 50170 6 x \$3.25 =		19.50	<input type="checkbox"/>

SUB-TOTAL	\$ 253.50
TOTAL (if last page of this schedule)	\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/14, 7/28 8/11, 8/25 9/8, 9/22/06	ID# CK#	Dick Hoffmann 717 S 25th Ct West Des Moines, IA 50265 6 x \$3.00		\$18.00	<input type="checkbox"/>
"	ID# CK#	Sean Pelletier 13927 Bryn Mawr Dr Urbandale, IA 50323 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Ken Cumpston 1900 NW 152nd St Clive, IA 50325 6 x \$3.00 =		18.00	<input type="checkbox"/>
"	ID# CK#	Dave Hixenbaugh 4903 Lakewood Dr Norwalk, IA 50211 6 x \$3.46 =		20.76	<input type="checkbox"/>
"	ID# CK#	Stephanie Kennedy 3000 Grand, Apt. 416 Des Moines, IA 50312 6 x \$3.27 =		19.62	<input type="checkbox"/>
"	ID# CK#	Mike Bloomberg 4638 Elm West Des Moines, IA 50265 6 x \$1.50 =		9.00	<input type="checkbox"/>
"	ID# CK#	Ron Hallenbeck 5880 Brentwood Johnston, IA 6 x \$7.50 =		45.00	<input type="checkbox"/>
"	ID# CK#	Melissa Hansen 330 NE Carefree Ln Waukee, IA 50263 6 x \$1.50 =		9.00	<input type="checkbox"/>
"	ID# CK#	Allan Pauley 407 Hartford Des Moines, IA 6 x \$1.93 =		11.58	<input type="checkbox"/>
"	ID# CK#	John Power 217 Elm Story City, IA 50248 6 x \$5.00 =		30.00	<input type="checkbox"/>
SUB-TOTAL				\$ 200.46	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/14, 7/28 8/11, 8/25 9/8, 9/22/06	ID# CK#	Georgia Rhoades 3633 Cornell Des Moines, IA 50313 6 x \$11.00 =		\$66.00	<input type="checkbox"/>
"	ID# CK#	Robert Greedy 1104 Clark Ames, IA, 50010 6 x \$3.00 =		18.00	<input type="checkbox"/>
"	ID# CK#	Nathan Habben 210 S Prairie View Dr, apt. 837 West Des Moines, IA 6 x \$4.00 =		24.00	<input type="checkbox"/>
"	ID# CK#	Scott Herren 1155 S Willow Circle West Des Moines, IA 50266 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Mike McGinn 2621 NW Heritage Ave Ankeny, IA 50021 6 x \$2.50 =		15.00	<input type="checkbox"/>
"	ID# CK#	Russell Greenwood 1423 Skylane Dr Norwalk, IA 50211 6 x \$3.85 =		23.10	<input type="checkbox"/>
"	ID# CK#	Todd Prideaux 3119 56th St Des Moines, IA 50310 6 x \$5.00 =		30.00	<input type="checkbox"/>
"	ID# CK#	Monte Ball 304 41st St Des Moines, IA 6 x \$5.00 =		30.00	<input type="checkbox"/>
"	ID# CK#	Herb Suffel 990 3rd Waukee, IA 50263 6 x \$3.75 =		22.50	<input type="checkbox"/>
"	ID# CK#	Carole Hallenbeck 5880 Brentwood Johnston, IA 6 x \$3.50 =		21.00	<input type="checkbox"/>
SUB-TOTAL				\$ 269.10	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov
--

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/14, 7/28 8/11, 8/25 9/8, 9/22/06	ID# CK#	Beech Turner 1904 75th Street Des Moines, IA 50322 6 x \$3.25 =		\$19.50	<input type="checkbox"/>
"	ID# CK#	Sharon Gentsch 408 Lacona Des Moines, IA 50315 6 x \$1.25 =		7.50	<input type="checkbox"/>
"	ID# CK#	Kathy Knutsen 2500 Ashworth Rd West Des Moines, IA 50265 6 x \$2.50 =		15.00	<input type="checkbox"/>
"	ID# CK#	Joe Burkle 14421 Bryn Mawr Urbandale, IA 50322 6 x \$4.00 =		24.00	<input type="checkbox"/>
"	ID# CK#	Chuck Herrold 4716 67th St Urbandale, IA 50322 6 x \$5.00 =		30.00	<input type="checkbox"/>
"	ID# CK#	Ron Paine 10577 Elmcrest Dr West Des Moines, IA 50325 6 x \$4.00 =		24.00	<input type="checkbox"/>
"	ID# CK#	Alison Cate 6709 Compton Ct Johnston, IA 50131 6 x \$1.00 =		6.00	<input type="checkbox"/>
"	ID# CK#	Ray Davis 12926 Timberline Dr Urbandale, IA 50323 6 x \$3.27 =		19.62	<input type="checkbox"/>
"	ID# CK#	Kevin Hovick 13560 Lake Shore Dr Clive, IA 50325 6 x \$3.50 =		21.00	<input type="checkbox"/>
"	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 6 x \$6.00 =		36.00	<input type="checkbox"/>
SUB-TOTAL				\$202.62	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/14, 7/28, 8/11, 8/25, 9/8, 9/22/06	ID# CK#	Bruce Kelley 14 Glenview Dr Des Moines, IA 50312 6 x \$6.15 =		\$36.90	<input type="checkbox"/>
"	ID# CK#	William Murray 1770 Birchwood Circle Waukee, IA 50263 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Sarah Bartholomew 2007 39th St Des Moines, IA 50310 6 x \$4.50 =		27.00	<input type="checkbox"/>
"	ID# CK#	Jerry McClelland 9609 Tanglewood Dr Urbandale, IA 6 x \$3.50 =		21.00	<input type="checkbox"/>
"	ID# CK#	Dennis Christy 1801 NW 81st St Clive, IA 50325 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	John Schumacher 4718 93rd St Urbandale, IA 50322 6 x \$3.25 =		19.50	<input type="checkbox"/>
"	ID# CK#	Bob Neswold 187 52nd St West Des Moines, IA 50265 6 x \$6.50 =		39.00	<input type="checkbox"/>
"	ID# CK#	Jim Fontanini 929 43rd St West Des Moines, IA 50265 6 x \$7.00		42.00	<input type="checkbox"/>
"	ID# CK#	Mark McColley 8901 Boston Ave Urbandale, IA 50322 6 x \$3.00 =		18.00	<input type="checkbox"/>
"	ID# CK#	Nancy Green 823 16th St West Des Moines, IA 50265 6 x \$3.50 =		21.00	<input type="checkbox"/>
SUB-TOTAL				\$ 263.40	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 66B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/14, 7/28, 8/11, 8/25, 9/8, 9/22/06	ID# CK#	Mike Boggs 5250 Chappel Ct Pleasant Hill, IA 50327 6 x \$2.00 =		\$12.00	<input type="checkbox"/>
"	ID# CK#	Ron Zoss 8017 Plum Dr Urbandale, IA 50322 6 x \$3.75 =		22.50	<input type="checkbox"/>
"	ID# CK#	Ken Fitzgerald 2303 W Girard Ave Indianola, IA 50125 6 x \$1.25 =		7.50	<input type="checkbox"/>
"	ID# CK#	Norm Anderson 814 E Franklin Indianola, IA 50125 6 x \$4.61 =		27.66	<input type="checkbox"/>
"	ID# CK#	Mark Reese 4765 NW Lovington Dr Des Moines, IA 50310 6 x \$3.50 =		21.00	<input type="checkbox"/>
"	ID# CK#	Curt Husske P. O. Box 248 Maxwell, IA 50161 6 x \$2.89 =		17.34	<input type="checkbox"/>
7/28, 8/11, 8/25, 9/8, 9/22/06	ID# CK#	Scott Butler 100 30th St Des Moines, IA 50312 5 x \$4.79 =		23.95	<input type="checkbox"/>
8/11, 8/25, 9/8, 9/22/06	ID# CK#	Jean Bloomberg 4638 Elm Street West Des Moines, IA 50265 4 x \$2.00 =		8.00	<input type="checkbox"/>
08-14-06	ID# CK#	Jeff Patchin 3913 NW Windbrooke Ct Ankeny, IA 50023 Cash		15.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 154.95

TOTAL (if last page of this schedule)

\$ 1,344.03

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
 Employers Mutual Casualty Co. Political Action Comm. for Responsible State Government

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07-24-06	ID# 11105 CK# 1086	Connie Boesen for School Board 3011 Don Lee Court Des Moines, IA 50317	Candidate Campaign Contribution	\$ 100.00
07-28-06	ID# 120 CK# 1087	Shull Election Committee 901 Scott Felton Rd Indianola, IA 50125	Candidate Campaign Contribution	100.00
07--28-06	ID# 703 CK# 1088	Committee to Elect McCoy P. O. Box 35036 Des Moines, IA 50315	Candidate Campaign Contribution	50.00
08-17-06	ID# 1344 CK# 1089	Courtney for State Senate 2200 Summer Street Burlington, IA 52601	Candidate Campaign Contribution	50.00
09-20-06	ID# 5104 CK# 1090	Vaudt for State Auditor 1715 S 42nd St West Des Moines, IA 50265	Candidate Campaign Contribution	100.00
09-20-06	ID# 957 CK# 1091	Taylor for Representative Committee 1416 A Avenue NW Cedar Rapids, IA 52405-4834	Candidate Campaign Contribution	100.00
09-20-06	ID# 1231 CK# 1092	George Eichhorn for Iowa House P. O. Box 140 Stratford, IA 50249	Candidate Campaign Contribution	100.00
09-20-06	ID# 1046 CK# 1093	People for Roger Thomas 17658 Domino Rd Eldader, IA 52043	Candidate Campaign Contribution	100.00
SUB-TOTAL				\$ 700.00
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Employers Mutual Casualty Co. Political Action Comm. for Responsible State Government

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-04-06	ID# 5083 CK# 1094	Chet Culver Committee P. O. Box 6068 Des Moines, IA 50309	Candidate Campaign Contribution	\$ 250.00
10-04-06	ID# 868 CK# 1095	Jacobs Committee 808 58th Street West Des Moines, IA 50266	Candidate Campaign Contribution	125.00
	ID# CK#			
SUB-TOTAL				\$ 375.00
TOTAL (if last page of this schedule)				\$ 1,075.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)